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1919 Pennsylvania Avenue NW
Washington, D.C. 20006-3401

James W. Tomlinson
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2014-14-C
251318

VIA OVERNIGHT DELIVERY

June 30, 2014

Secretary of the Commission
Public Service Commission of South Carolina
101 Executive Center Dr., Suite 100
Columbia, SC 29210

Re: FCC Form 481 Filing of Nexus Communications, Inc.

Dear Sir/Madam:

In accordance with 47 C.F.R. § 54.422, Nexus Communications, Inc. ("Nexus") hereby files with the Commission a copy of its FCC Form 481 for program year 2015 (data year 2013) for the state of South Carolina.

Nexus has filed this Form 481 with the Universal Service Administrative Company and the Federal Communications Commission.

Please contact me if you have any questions regarding this filing.

Respectfully submitted,

A handwritten signature in cursive script that reads "James W. Tomlinson".

James W. Tomlinson

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481

OMB 3060-0986

OMB 3060-0819

Avg. Burden Estimate per Respondent: 20 Hours

<010> Study Area Code	249007
<015> Study Area Name	Nexus Communications, Inc.
<020> Program Year	2015 (data year 2013)
<030> Contact Name: Person USAC should contact with questions about this data	Steven Fenker, President
<035> Contact Telephone Number: Number of the person identified in data line <030>	(740) 549 - 1092
<039> Contact Email: Email of the person identified in data line <030>	sfenker1@earthlink.net

ANNUAL REPORTING FOR ALL CARRIERS

54,313 Completion Required	54,422 Completion Required
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		(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input type="checkbox"/> n/a <-- check box if no outages to report		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="checkbox"/> n/a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	<input type="checkbox"/> n/a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Fixed	<input type="checkbox"/> n/a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	<input type="checkbox"/> n/a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Where "n/a" is indicated, the question is not applicable to Nexus Communications because the company has been designated an ETC for this study area by the state			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	(attached descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	(attached descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(200) Service Outage Reporting (Voice)
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986
OMB Control No. 3060-0819
April 2014

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[illegible]

(800) Operating Companies and Affiliates

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986

OMB Control No. 3060-0819

April 2014

[illegible]

(1200) Terms and Condition for Lifeline Customers**Lifeline**

FCC Form 481

OMB Control No. 3060-0986

OMB Control No. 3060-0819

April 2014

Data Collection Form

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<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Please see link below.

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP <http://www.tsihomephone.com/termsfuse.html>

Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,

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<1222> Details on the number of minutes provided as part of the plan,

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<1223> Additional charges for toll calls, and rates for each such plan.

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**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986
 OMB Control No. 3060-0819
 April 2014

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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: Nexus Communications, Inc.	
Signature of Authorized Officer: / s / Steven Fenker (see associated PDF for signature)	Date: 06/26/2014
Printed name of Authorized Officer: Steven Fenker	
Title or position of Authorized Officer: President	
Telephone number of Authorized Officer: (740) 549 - 1092	
Study Area Code of Reporting Carrier: 249007	Filing Due Date for this form: 7/1/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Reporting Carrier
Data Collection Form

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Date: 06/26/2014

Signature of Authorized Officer:

Printed name of Authorized Officer: Steven Fenker

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: (740) 549 - 1092

Study Area Code of Reporting Carrier: 249007

Filing Due Date for this form:

7/1/2014

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